## PATENT APPLICATION. ¿E DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number 09/892044

| CLAIMS AS FILED - PART I (Column 1) (Column 2)   |                 |   |  |                               |                      |                  |            | SMALL ENTITY TYPE   |                        |        | OTHER THAN          |                        |  |
|--|-----------------|---|--|-------------------------------|----------------------|------------------|------------|---------------------|------------------------|--------|---------------------|------------------------|--|
| TOTAL CLAIMS   |                 |   | 16                                       |                               |                      |                  |            | RATE                | FEE                    |        | RATE                | FEE                    |  |
| FOR  |                 |   | NUMBER FILED                             |                               | NUMBER EXTRA         |                  |            | BASIC FEE           |                        | OR     | BASIC FEE           |                        |  |
| TOTAL CHARGEABLE CLAIMS  |                 |   | /6 minus 20=                             |                               | . 0                  |                  |            | X\$ 9=              |                        | OR     | X\$18=              |                        |  |
| INDEPENDENT CLAIMS   |                 |   | 4/ minus 3 =                             |                               | • /                  |                  |            | X40=                |                        |        | X80=                | 80                     |  |
| MU   | LTIPLE DEPEN    | DENT CLAIM P                              | RESENT                                   |                               | <del></del>          |                  |            |                     |                        | OR     |                     | , 8° J                 |  |
| * If the difference in column 1 is less than zero, enter "0" in c  |                 |   |  |                               |                      | olumn 2          | '          | +135=               |                        | OR     |                     | 12.00                  |  |
| CLAIMS AS AMENDED - PART II  |                 |   |  |                               |                      |                  |            | TOTAL               |                        | OR     | TOTAL OTHER         | 7.90                   |  |
| (Column 1)   |                 |   | (Colum                                   |                               | mn 2)                | nn 2) (Column 3) |            | SMALL E             | ENTITY                 | OR     | SMALL               |                        |  |
| AMENDMENT A  |                 | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |  | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>DUSLY         | PRESENT<br>EXTRA |            | RATE                | ADDI-<br>TIONAL<br>FEE |        | RATE                | ADDI-<br>TIONAL<br>FEE |  |
|  | Total           | · 16                                      | Minus                                    | • /                           | 6                    | =                |            | X\$ 9=              |                        | OR     | X\$18=              |                        |  |
|  | Independent     | • 4                                       | Minus                                    | ***                           | 4                    | <u> -</u>        |            | X40=                |                        | OR     | X80=                |                        |  |
|  | FIRST PRESE     | NTATION OF M                              | ULTIPLE DE                               | PENUEN                        | CLAIM                |                  | <b>J</b> – | +135=               |                        | OR     | +270=               |                        |  |
|  |                 |   |  |                               |                      |                  | •          | TOTAL<br>ADDIT. FEE |                        | OR     | TOTAL<br>ADDIT, FEE |                        |  |
| (Column 1) (Column 2) (Column 3)   |                 |   |  |                               |                      |                  |            |                     |                        | •      | ADDII. PEEI         |                        |  |
| AMENDMENT B  |                 | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |  | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>OUSLY         | PRESENT<br>EXTRA |            | RATE                | ADDI-<br>TIONAL<br>FEE |        | RATE                | ADDI-<br>TIONAL<br>FEE |  |
|  | Total           | •   | Minus                                    | ••                            |                      | =                |            | X\$ 9=              |                        | OR     | X\$18=              |                        |  |
|  | Independent     |   | Minus                                    | ***                           |                      | -                |            | X40=                |                        | OR     | X80=                |                        |  |
|  | PHESE PHESE     | NTATION OF MI                             | JUMPLE DEF                               | FNDEN                         | CLAIM                |                  |            | +135=               |                        | OR     | +270=               |                        |  |
|  |                 |   |  |                               |                      |                  | L          | TOTAL               |                        | OB.    | TOTAL               |                        |  |
| (Column 1) (Column 2) (Column 3)   |                 |   |  |                               |                      |                  |            | ADDIT. FEE          |                        |        | ADDIT. FEE          |                        |  |
| AMENDMENT C  |                 | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |  | HIGH<br>NUM<br>PREVK<br>PAID  | iest<br>Ber<br>Dusly | PRESENT<br>EXTRA |            | RATE                | ADDI-<br>TIONAL<br>FEE |        | RATE                | ADDI-<br>TIONAL<br>FEE |  |
|  | Total           | •   | Minus                                    | **                            |                      | =                |            | X\$ 9=              |                        | OR     | X\$18=              |                        |  |
|  | Independent     |   | Minus                                    | ***                           |                      | -                | <b>1</b>   | X4C=                |                        | OR     | X80=                |                        |  |
| لــا   | FIRST PRESE     | NTATION OF MI                             | ULTIPLE BEF                              | PENDENT                       | CLAIM                |                  | J          | +135=               |                        |        | +270=               |                        |  |
| If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  |                 |   |  |                               |                      |                  |            |                     |                        | OR     | TOTAL               |                        |  |
| "If the "Highest Number Pr viously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE OR ADDIT. FEE OR ADDIT. FEE TOTAL ADDIT. FE |                 |   |  |                               |                      |                  |            |                     |                        |        |                     |                        |  |
|  | ina unguestingu | io refeviously Pa                         | UF ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( | ringspand                     | ent) is the          | mgnesi Numbi     | er tou     | nd in the app       | ropnate box            | in coi | LUTAN I             |                        |  |